

Travel Request Form

Please print this Form, fill in the requested information, and have the Recommending Official (your Supervisor/Mentor) sign the approval. The Form should then be returned to the Fellowship Office by Fax (301-402-7461) or by inter-office mail (Building 12A, Room 3011) so that travel documents can be prepared.

1. TRAVELER INFORMATION:

Traveler Name: _____ NIH Employee ID Number: _____
(Last, First, MI)

Building/Room#: _____ Office Phone: _____

Position/Title: _____

2. TRIP INFORMATION:

Travel Departure (BEGIN) Date: 4/26/04 Travel Return (END) Date: 4/27/04

Trip Description: 2004 NIDDK Fellows Scientific Retreat, Berkeley Springs, WV on 4/26/04-4/27/04.

3. TRAVEL EXPENSES:

POV (Privately Owned Vehicle): _____ (Check here if you are traveling by car)

Enter # of POV miles: _____ (Enter the miles only if you are the driver)

4. Recommending Signature

Recommending Official: I, _____ (enter name) recommend this travel.

___ Yes ___ No